TENNESSEE SINGLE STATE REGISTRATION SYSTEM
FORM RS-2B CALCULATION OF FEE AMOUNTS DUE EACH STATE

REGISTRATION YEAR _____ **FEIN#** _____

Make Check Payable and Return to: Tennessee Department of Safety 1150 Foster Avenue – Fiscal Division Cashier's Office Nashville, TN 37210	**CHECK HERE IF THIS IS A SUPPLEMETAL APPLICATION** _____ *There Will Be No Refunds After Receipt Has Been Issued!*

Motor Carrier Name:_____

Doing Business As: _____

US DOT Number: _____ FMCSA MC Number: _____

Mailing Address: Street: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: Area Code (_____)_____ Fax Number:_____

Carrier Whose Principal Place of Business is Tennessee

(A) Participating States	(B) Total Number Of Vehicles	(C) Per Vehicle Fee	(D) Fee Times Number of Vehicles (Column B x Column C)
Alabama		$6.00	
Arkansas		5.00	
California		5.00	
Colorado		5.00	
Connecticut		0.00	
Georgia		5.00	
Iowa		1.00	
Idaho		2.00	
Illinois		7.00	
Indiana		5.00	
Kansas		10.00	
Kentucky		10.00	
Louisiana (Charter Route)		0.00	
Passenger regular route		10.00	
Massachusetts		0.00	
Maine		0.00	
Michigan		0.00	
Minnesota		5.45	
Missouri		10.00.	
Mississippi		10.00	
Montana		5.00	
North Carolina		1.00	
North Dakota		10.00	
Nebraska		10.00	
New Hampshire		10.00	
New Mexico		10.00	
New York		10.00	
Ohio		0.00	
Oklahoma		7.00	
Rhode Island		8.00	
South Carolina		5.00	
South Dakota		5.00	
Tennessee		8.00	
Texas		5.00	
Utah		6.00	
Virginia		3.00	
Washington (Charter Route)		10.00	
Passenger regular route		0.00	
Wisconsin (Charter Route)		0.00	
Passenger regular route		5.00	
West Virginia		3.00	
TOTAL OF ALL STATES FEES . . . . Tax Code: **092**		$	

I, the undersigned, under penalty for false statement, certify that current copies of my FMCSA authority, the FMCSA Form No. BOC-3 and a copy of proof of public liability security are on file in the registration state and that I am authorized to execute and file this document on behalf of the applicant. If current information is not on file, updated information is attached.

Signature: _____ Title:_____ Date: _____